

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016307

FILED
Jan 05, 2007
Secretary of State

Entity Name: PROFESSIONAL VISION CARE MANAGEMENT, LLC

Current Principal Place of Business:

1205 S. POWERLINE ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1205 S. POWERLINE ROAD
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-1069489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COPPOLA, PATRICE
1205 S. POWERLINE ROAD
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COPPOLA, ROBERT
Address: 1205 S. POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM () Delete
Name: METUS, GERALD
Address: 11300 FOURTH ST. N. #124
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM () Delete
Name: COPPOLA, PATRICE M
Address: 1205 SOUTH POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MATUS, GERALD
Address: 11300 FOURTH ST. N. #124
City-St-Zip: ST. PETERSBURG, FL 33716

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT COPPOLA

D

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date